

# **SHREWSBURY YOUTH RISK BEHAVIOR SURVEY**

This survey is about health behaviors. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

**DO NOT** write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. If you do not understand a question you may choose to skip it. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be identified or reported.

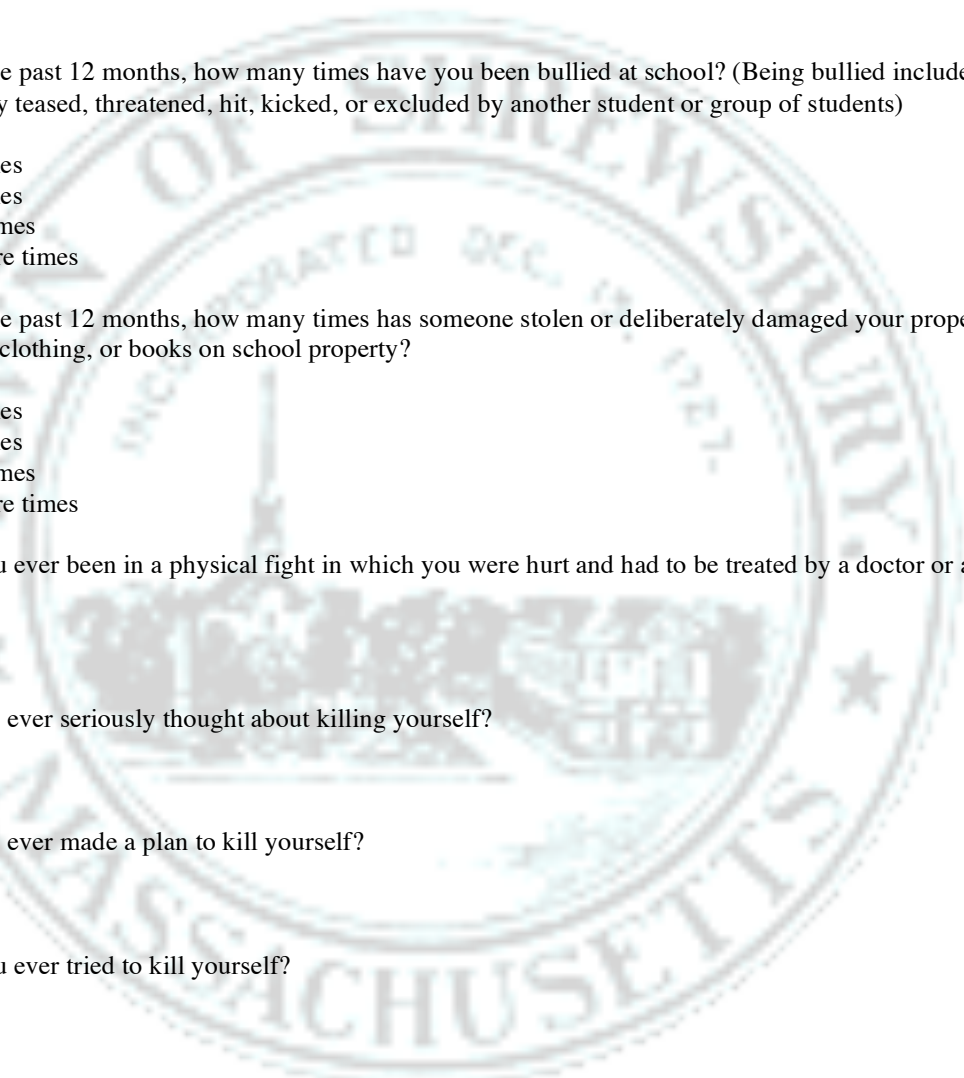
Make sure you read every question. Fill in the circles completely. When you are finished, bring your survey packet and bubble sheet to the desk near the door. Place your bubble sheet in the envelope and your packet in the box.

Thank you very much for your help.

## SHREWSBURY MIDDLE SCHOOL

### Middle School Youth Risk Behavior Survey

1. How old are you?
  - a. 10 years or younger
  - b. 11 years old
  - c. 12 years old
  - d. 13 years old
  - e. 14 years or older
2. What is your sex?
  - a. Female
  - b. Male
3. In what grade are you?
  - a. 6<sup>th</sup> grade
  - b. 8<sup>th</sup> grade
4. How do you describe yourself?
  - a. White – not Hispanic
  - b. Black – not Hispanic
  - c. Hispanic or Latino
  - d. Asian or Pacific Islander
  - e. Other
5. How often do you wear a seat belt when riding in a car?
  - a. Never
  - b. Rarely
  - c. Sometimes
  - d. Most of the time
  - e. Always
6. When you ride a bicycle, how often do you wear a helmet?
  - a. Never wear a helmet
  - b. Rarely wear a helmet
  - c. Sometimes wear a helmet
  - d. Most of the time wear one
  - e. Always wear a helmet
7. When you roller blade or ride a skateboard, how often do you wear a helmet?
  - a. Never wear a helmet
  - b. Rarely wear a helmet
  - c. Sometimes wear a helmet
  - d. Most of the time wear one
  - e. Always wear a helmet
8. Have you ever ridden in a car driven by anyone who had been drinking alcohol?
  - a. Yes
  - b. No
  - c. Not sure

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9. Have you ever carried a gun as a weapon?
- Yes
  - No
10. Have you ever carried any other type of weapon, such as a knife or a club?
- Yes
  - No
11. Have you ever been in a serious physical fight?
- Yes
  - No
12. During the past 12 months, how many times have you been bullied at school? (Being bullied includes being repeatedly teased, threatened, hit, kicked, or excluded by another student or group of students)
- 0 times
  - 1 to 3 times
  - 4 to 7 times
  - 8 to 11 times
  - 12 or more times
13. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?
- 0 times
  - 1 to 3 times
  - 4 to 7 times
  - 8 to 11 times
  - 12 or more times
14. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or a nurse?
- Yes
  - No
15. Have you ever seriously thought about killing yourself?
- Yes
  - No
16. Have you ever made a plan to kill yourself?
- Yes
  - No
17. Have you ever tried to kill yourself?
- Yes
  - No
18. Have you ever purposely cut yourself as a reaction to overwhelming stress or bad feelings?
- Yes
  - No
19. During the past 12 months, did you hurt or injure yourself on purpose without wanting to die? (For example, by cutting, burning, or bruising yourself on purpose)
- Yes
  - No

20. Have you ever tried cigarette smoking?
- Yes
  - No
21. How old were you when you smoked a whole cigarette for the first time?
- I have never smoked a whole cigarette
  - 10 years or younger
  - 11 years old
  - 12 years old
  - 13 years or older
22. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days
  - 1-5 days
  - 5-10 days
  - 10-20 days
  - 20-30 days
23. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- I did not smoke during the past 30 days
  - 1-5 cigarettes per day
  - 5-10 cigarettes per day
  - 10-20 cigarettes per day
  - 20 or more per day
24. During the past 30 days, how did you usually get your own cigarettes? (Select only one answer)
- I did not smoke during the past 30 days
  - I bought them in a store
  - I gave someone else money to buy them
  - I borrowed them from someone else
  - I stole them
25. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?
- I did not smoke cigarettes in the past 30 days
  - I did not buy cigarettes during past 30 days
  - Yes, I was asked to show proof of age
  - No, I was not asked to show proof of age
26. Have you ever used chewing tobacco or snuff, such as Redman, Skoal Bandits, or Copenhagen?
- Yes
  - No
27. Have you ever had a drink of alcohol without parent's knowledge or not for religious reasons?
- Yes
  - No
28. How old were you when you had your first drink of alcohol?
- I have never had a drink of alcohol other than for religious reasons
  - 10 years or younger
  - 11 years old
  - 12 years old
  - 13 years or older

29. Have you ever used marijuana?
- Yes
  - No
30. How old were you when you tried marijuana for the first time?
- I have never tried marijuana
  - 10 years or younger
  - 11 years old
  - 12 years old
  - 13 years or older
31. Have you ever used any form of cocaine?
- Yes
  - No
32. How old were you when you tried any form of cocaine for the first time?
- I have never tried any form of cocaine
  - 10 years or younger
  - 11 years old
  - 12 years old
  - 13 years or older
33. Have you ever used the crack or free base forms of cocaine?
- Yes
  - No
34. Have you ever sniffed glue, or breathed the contents of spray cans, inhaled any paints or sprays to get high?
- Yes
  - No
35. Have you ever used steroids not prescribed by a doctor?
- Yes
  - No
36. Have you ever used a needle to inject any illegal drug into your body?
- Yes
  - No
37. Have you ever intentionally misused or abused an over the counter drug sold in a drug store such as cough and cold medications for mind or mood altering purposes?
- Yes
  - No
38. Have you ever intentionally misused or abused a drug prescribed to you by a doctor for mind or mood altering purposes?
- Yes
  - No
39. Have you ever intentionally misused or abused a drug prescribed to someone else by a doctor for mind or mood altering purposes?
- Yes
  - No
40. Have you ever given a prescriptive drug prescribed for you to someone else?
- Yes
  - No



41. Have you ever sold a prescriptive drug to someone else?
- Yes
  - No
42. Have you ever been taught about AIDS or HIV infection in school?
- Yes
  - No
  - Not sure
43. Have you ever talked about AIDS or HIV infection with your parents or other adults in your family?
- Yes
  - No
  - Not Sure
44. Have you ever had sexual intercourse?
- Yes
  - No
45. Have you ever given or received oral sex?
- Yes
  - No
46. How do you describe your weight?
- Very underweight
  - Slightly underweight
  - About the right weight
  - Slightly overweight
  - Very overweight
47. Which of the following are you trying to do about your weight?
- Lose weight
  - Gain weight
  - Stay the same weight
  - I am not trying to do anything about my weight
48. Have you ever dieted to lose weight or to keep from gaining weight?
- Yes
  - No
49. Have you ever exercised to lose weight or to keep from gaining weight?
- Yes
  - No
50. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?
- Yes
  - No
51. Have you ever taken diet pills to lose weight or to keep from gaining weight?
- Yes
  - No
52. Yesterday, how many times did you eat fruit or raw veggies as a snack?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times

53. Yesterday, how many times did you drink fruit juice?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
54. Yesterday, how many times did you eat green salad?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
55. Yesterday, how many times did you eat cooked vegetables?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
56. Yesterday, how many times did you eat hamburger, hot dogs, or sausage?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
57. Yesterday, how many times did you eat French fries or potato chips?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
58. Yesterday, how many times did you eat cookies, doughnuts, pie, or cake?
- 0 times
  - 1 time
  - 2 times
  - 3 or more times
59. During the past 7 days, how many days did you eat something for breakfast?
- I did not eat breakfast during the past 7 days
  - 1 to 2 times during the past 7 days
  - 3 to 4 times during the past 7 days
  - 5 to 6 times during the past 7 days
  - all 7 days
60. On how many of the past 7 days did you exercise or play sports such as basketball, soccer, running, swimming laps, tennis, or fast bicycling?
- 0 days
  - 1-2 days
  - 3-4 days
  - 5-6 days
  - all 7 days
61. In an average week, when you are in school, on how many days do you actively participate in physical education classes?
- 0 days
  - 1 day
  - 2 days

62. Do you play on any sports teams run by your school or by other organizations outside your school?
- Yes
  - No
63. Do you do any other organized physical activity besides sports teams, such as dance, gymnastics, or swimming?
- Yes
  - No
64. How many hours of sleep each night do you average during the week?
- Less than 5 hours
  - 5 hours
  - 6 hours
  - 7 hours
  - 8 hours or more
65. On an average school day, how many hours do you watch TV?
- I do not watch TV on an average school day
  - Less than 1 hour
  - 1 to 2 hours per day
  - 3 to 4 hours per day
  - 5 or more hours per day
66. On an average school day, how many hours do you spend using a computer other than for school assignments?
- I do not use a computer other than for school assignments
  - Less than 1 hour per day
  - 1 to 2 hours per day
  - 3 to 4 hours per day
  - 5 or more hours per day
67. In an average week how many days do you go home after school and are without an adult in the house?
- An adult is always home when I return from school
  - 1 or 2 days
  - 3 days
  - 4 days
  - All 5 days
68. If you are home alone when you return from school how many hours are you without an adult in the house?
- An adult is always home when I return from school
  - 1 hour
  - 2 hours
  - 3 hours
  - 4 or more hours
69. Have you ever exposed your skin to tanning booths or spray tanning at a salon?
- I have never exposed my skin to salon tanning
  - 1 – 5 times
  - 6 or more times
  - I tan at a salon on a regular basis
70. How often do you use sunscreen?
- Always
  - Sometimes
  - Never